

RIGHT-OF-WAY VACATION
STREET, ALLEY, EASEMENT

IMPORTANT PUBLIC NOTICE

1. It is YOUR responsibility, as the applicant, to file a complete application by the filing deadline. Also, you must ensure that all supporting documentation is complete and accurate. Please feel free to contact the Planning Division Staff at (228) 868-5710 should you have any questions.

2. The Planning Division will complete the adjacent property owner's list. Additional names can be added to the list, should you require to make such notifications.

3. Please be advised that failure to submit a complete application, with all supporting documents, could delay your hearing date. Applications to the Planning Commission will not be considered officially filed until all information is submitted and accurate.

4. The following checklist will need to be completed as part of the application process. This checklist provides the basic requirements for filing the application. This submission may require additional information because of the specific issues relating to the request.

___ Sections I, II, III, IV, and VI have been completed on the application.

___ Required documentation listed in section V has been completed and is attached to the application addressing the following:

- List all legally vacated right-of-ways in the area of the request and/or allegedly vacated right-of-ways and the date vacated.
- Provide a locator map. The map shall show the right-of-way to be vacated, change in traffic flow as the result of the vacation. The names and tax parcel numbers of the properties abutting the right-of-way to be vacated.
- Provide a complete legal description of the right-of-way to be vacated.
- Provide a development schedule. The development schedule is required for each adjacent property owner.

___ List of all previously vacated right-of-ways.

___ Completed and signed (original signatures) Acknowledgement of affected property owners.

___ All abutting property owners to the right-of-way to be vacated have been identified and have signed. All signatures are original.

___ All abutting property owners have identified if they are in approval or disapproval.

___ Cash or check payable to the City of Gulfport in the amount of \$ ___ and one original copy of the application is submitted.

___ Proof of ownership to the subject property (copy of warranty deed) and all owners of the property(ies) involved have been identified and have signed the application or statement acknowledging approval the requested action(s). All signatures are original. If the owner is a corporation, then a Corporate Resolution is required.

___ If applicable, proof of authority or letter signed by all adjacent property owners to act as an agent. In case of multiple owners, one person has been identified as spokesperson or agent for the group with letter of authorization signed by all owners.

Staff Use: Reviewed and accepted by: _____ Date: _____

___ The appropriate regulations and ordinances have been reviewed to ensure all required information is being submitted.

___ The above checklist has been reviewed and is complete

___ Specific requirements have been identified to the applicant and are attached

___ Payment received. Date if different from the review date: _____

IMPORTANT PUBLIC NOTICE

IT IS YOUR RESPONSIBILITY, AS THE APPLICANT, TO FILE AN APPLICATION MEETING ALL CHECKLIST REQUIREMENTS BY THE FILING DEADLINE. ALSO, YOU MUST ENSURE THAT ALL SUPPORTING DOCUMENTATION IS COMPLETE AND ACCURATE, INCLUDING THE TAX PARCEL NUMBER(S), LOT(S), BLOCK(S), AND SUBDIVISION(S) (WHEN APPLICABLE).

PLEASE BE ADVISED THAT THE APPLICATION DEADLINE DATES POSTED ARE DESIGNED TO ALLOW THE STAFF TIME TO REVIEW THE APPLICATION AND RECEIVE REQUIRED COMMENTS FROM COORDINATING AGENCIES. THE APPLICATION IS NOT CONSIDERED COMPLETE UNTIL ALL REQUIRED INFORMATION IS AVAILABLE FOR REVIEW FROM THE APPLICANT AND COORDINATING AGENCIES. PLEASE CHECK WITH A STAFF MEMBER TO DETERMINE CUTOFF DATES FOR ADVERTISING LEGALS.

<p style="text-align: center;">For Staff Use Only</p> <p>Check number: _____</p> <p>Receipt number: _____</p> <p>Reviewed by: _____</p>	<p>CITY OF GULFPORT</p> <p>Urban Development – Planning Division</p> <p>1410 24th Avenue, Room 206</p> <p>Gulfport, MS 39501</p> <p>(228) 868-5710</p> <p>APPLICATION FOR CASE REVIEW</p> <p>GENERAL APPLICATION</p>	<p style="text-align: center;">For Staff Use Only</p> <p>Case File #: _____</p> <p>Date Received: _____</p> <p>Zoning: _____</p>
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I. TYPE OF CASE: RIGHT-OF-WAY VACATION (STREETS, ALLEYS, EASEMENTS)

II. ADVALOREM TAX PARCEL NUMBER: _____
 (Parcel Number available from Harrison County Tax Assessor at 865-4044.)

Lot(s) _____, Block(s) _____, and Subdivision(s) _____
 (when applicable)

III. GENERAL LOCATION OF PROPERTY INVOLVED: _____

ADDRESS OF PROPERTY INVOLVED: _____

IV. GENERAL DESCRIPTION OF REQUEST: (If necessary, attach a separate piece of paper detailing the purpose of the request.)

V. REQUIRED ATTACHMENTS:

- a. SUPPLEMENTAL APPLICATION REQUIREMENTS
- b. LIST OF ALL ADJACENT PROPERTY OWNERS (The Planning Department will complete this upon request)
- c. CASH OR CHECK PAYABLE TO THE CITY OF GULFPORT IN THE AMOUNT OF \$ _____.
- d. PROOF OF OWNERSHIP (COPY OF DEED(S))
- e. IF APPLICABLE, PROOF OF AUTHORITY TO ACT AS AN AGENT
- f. LIST OF PREVIOUSLY VACATED RIGHT-OF-WAYS
- g. 1 ORIGINAL COPY OF APPLICATION
- h. COMPLETED AND SIGNED (ORIGINAL SIGNATURES) ACKNOWLEDGEMENT OF AFFECTED PROPERTY OWNERS

VI. OWNERSHIP AND CERTIFICATION:

I hereby certify that I have read and understand this application and that all information and attachments are true and correct. I also certify that I agree to comply with all applicable city codes, ordinances and state laws. Finally, I certify that I am the owner of the property involved in this request or authorized to act as the owner's agent for herein described request.

NAME OF OWNER (PRINT) _____	AGENT OF OWNER(S) (PRINT) _____	SIGNATURE OF OWNER _____
MAILING ADDRESS _____	AGENT'S MAILING ADDRESS _____	SIGNATURE OF AGENT (IF APPLICABLE) _____
CITY _____ STATE _____ ZIP _____	CITY _____ STATE _____ ZIP _____	DATE _____ FEE PAID _____
PHONE # (H) _____ PHONE # (W) _____	PHONE # (H) _____ PHONE # (W) _____	

If the property or properties listed above have more than one owner, please check this box ☐

In the case of multiple owners, page 2 must be completed. Each owner will need to complete and sign the application. We can only accept applications with original signatures.

IF MULTIPLE APPLICANTS, PLEASE ENSURE ONE PERSON IS SELECTED TO ACT AS THE SPOKESPERSON/AGENT FOR THE APPLICANTS

This page must be completed if the property or properties involved have more than one owner. All persons listed as owners to the property or properties listed on page one must complete and sign this part of the application.

I hereby certify that I have read and understand this application and that all information and attachments are true and correct. I also certify that I agree to comply with all applicable city codes, ordinances and state laws. Finally, I certify that I am the owner of the property involved in this request or authorized to act as the owner's agent for herein described request.

NAME OF OWNER (PRINT) _____

ADDRESS (STREET, CITY, STATE, ZIP CODE) _____

PHONE # (H) _____ (W) _____

TAX PARCEL NUMBER(S) OWNED _____

Signature: _____

NAME OF OWNER (PRINT) _____

ADDRESS (STREET, CITY, STATE, ZIP CODE) _____

PHONE # (H) _____ (W) _____

TAX PARCEL NUMBER(S) OWNED _____

Signature: _____

NAME OF OWNER (PRINT) _____

ADDRESS (STREET, CITY, STATE, ZIP CODE) _____

PHONE # (H) _____ (W) _____

TAX PARCEL NUMBER(S) OWNED _____

Signature: _____

(Use additional forms as needed)

IN CASES OF MULTIPLE APPLICANTS, PLEASE IDENTIFY THE PERSON WHO WILL BE ACTING AS YOUR SPOKES PERSON/AGENT FOR YOU:

SUPPLEMENTAL APPLICATION

RIGHT-OF-WAY VACATION (STREET, ALLEY, EASEMENTS)

**YOUR SUPPLEMENTAL APPLICATION MUST ADDRESS THE
FOLLOWING:**

- LIST ALL LEGALLY VACATED RIGHT-OF-WAYS IN THE AREA OF THE REQUEST AND/OR ALLEGEDLY VACATED RIGHT-OF-WAYS AND THE DATE VACATED.
- PROVIDE A LOCATOR MAP. THE MAP SHALL SHOW THE RIGHT-OF-WAY TO BE VACATED, CHANGE IN TRAFFIC FLOW AS THE RESULT OF THE VACATION. THE NAMES AND TAX PARCEL NUMBERS OF THE PROPERTIES ABUTTING THE RIGHT-OF-WAY TO BE VACATED SHALL BE PROVIDED.
- PROVIDE A COMPLETE LEGAL DESCRIPTION OF THE RIGHT-OF-WAY TO BE VACATED.
- PROVIDE A DEVELOPMENT SCHEDULE. THE DEVELOPMENT SCHEDULE IS REQUIRED FOR EACH ADJACENT PROPERTY OWNER.

Give the names and mailing addresses of all property owners adjacent to the proposed vacated right-of-way, a list of all parcel numbers as reflected in the land rolls for Harrison County for property located within the same block, but not less than within 160 feet of the area sought to be vacated, or within a distance in which any property owner would be reasonably affected by the proposed vacation.

PLEASE PRINT OR TYPE

[illegible]

[illegible]

Revision date 07/22/03
This form supersedes all previous versions

Storm Water Requirements

Mississippi Department of Environmental Quality requires the issuance of Storm Water Permits in accordance with the provisions of the Mississippi Water Pollution Control Law (Section 49-17-1 et seq., Mississippi Code of 1972).

There are currently two types of permits: 1) Small Construction Activities that Disturb One (1) Acre to Less Than Five (5) Acres; and 2) Large Construction General Permit (five (5) acres or more).

If you are not familiar with these requirements, our office has available the referenced permit packages. **Our office does not issue the permit.** We do require that any individual, partnership, company, corporation, etc., that is requesting the issuance of a building permit, tree permit, or any type of action from our Planning Commission or Zoning Board of Appeal and Adjustment, which has been identified and applies to the Mississippi Water Pollution Control Law, be provided with and acknowledge receipt of the Small Construction General Permit Packet or Large Construction General Permit Packet, before final action can be taken by this Department.

If you need additional information on these permits, please contact Mississippi Department of Environmental Quality (MDEQ) at (601) 961-5171 or www.deq.state.ms.us.